



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

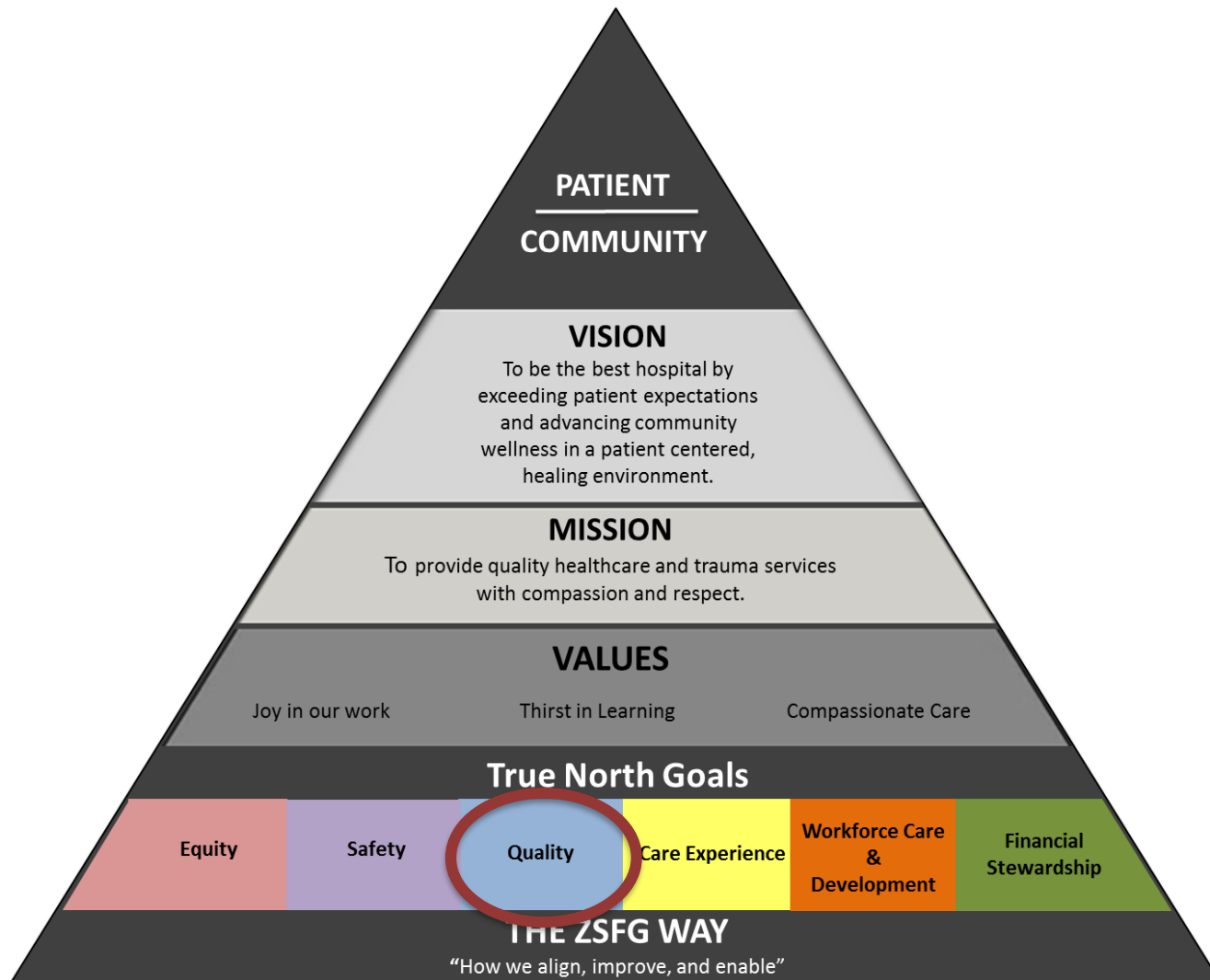
Harmonizing Access and Flow Across the ZSFG Campus

Lukejohn Day, MD
Gillian Otway, MSN, RN



San Francisco Department
of Public Health

ZSFG TRUE NORTH



ZSFG Access and Flow A3



A3-Status Report Title: Harmonizing and Synergizing Access and Flow Across the ZSFG Campus

Owner: Lukejohn Day, Gillian Otway

Ver:
4.0

Date:
8/23/22

I. Background: What problem are you talking about and why focus on it now?

Healthcare quality is defined as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." Healthcare quality falls into multiple domains than span effectiveness, efficiency, equity, patient centeredness, safety and timeliness. In the past a majority of ZSFG's quality work has been fragmented and siloed and only focused on inpatient quality indicators. Simultaneously, the COVID-19 pandemic has turned much of ZSFG's efforts towards operational readiness with less of a focus on improving quality indicators. However, operational flow and access to care are critical to quality improvement efforts as well as better prepares our organization and healthcare network for ongoing COVID-19 surges.

II. Current Conditions: What is happening today and what is not working?

Several quality indicators have been defined across several operational areas that are linked to improving patient access and flow within healthcare systems. Previously, ZSFG identified one metric in several operational areas that were tied to both quality, access and patient flow as outlined below:



Problem Statement: What specific, measurable problem will serve as your baseline performance?

ZSFG lacks a clear, unified and sustained approach and strategy for how to drive, improve and maintain improvements with respect to quality across our key operational areas. Importantly, many of ZSFG's quality improvement projects are not aligned with the SFHN and SFPDH strategic priorities creating fragmentation and siloed work.

III. Targets and Goals: What specific measurable outcomes are desired and by when?

Selected Metrics	Baseline	Benchmark	Target by [When]
Ambulance diversion rate	58.3%	< 10.0%	50.0% (December 2023)
Proportion of adult specialty care clinics with a TNAA for new, non-urgent patient appointments ≤ 21 days	84.8%	100.0%	90.0% (December 2023)
LLOC med-surg patient days	1,283 days	950 days	1100 days (December 2023)

IV. Countermeasure Implementation: What, where and how did you implement, and by whom and when?

Barrier/Cause Addressed	Countermeasure(s)	Owner	Date/Status
Staffing shortages	Hiring into vacant positions (ED and Med-Surg), utilizing registry staff and expanding ED nurse training programs	Gillian Otway	5/1/22 Ongoing
Closure of Laguna Honda Hospital to new admissions	Multiple ZSFG staff members have been deployed to aid LHH in obtaining CMS program re-certification. A network-wide flow and access committee has been convened to identify and implement strategies to improve patient flow across SFHN	Terry Dentoni, Claire Horton	5/1/22 Ongoing
COVID-19 surges resulting in decreased visits for outpatient clinics and perioperative area	Update COVID-19 surge plans to embrace an endemic approach and to minimize further limiting/closure of clinics and perioperative area in the future	Lukejohn Day	5/1/22 Ongoing

V. Impact: What impact did you have on your processes/outcomes? (Baseline/Target/Actual/YTD)

QUALITY															
Access & Flow During COVID-19	Day, Outpatient	Individual Composite Items	↑	50%	50%	60%	60%	60%	40%	20%	20%	20%	20%	20%	60%
				(3 out of 4)	(3 out of 4)	(3 out of 4)	(3 out of 4)	(3 out of 4)	(3 out of 4)	(3 out of 4)	(3 out of 4)	(3 out of 4)	(3 out of 4)	(3 out of 4)	(3 out of 4)
Emergency Department - Overcrowding Rate	Stations, Colwell	% of time in Overcrowd	30.3%	↓	11.9%	22.6%	28.6%	35.9%	39.6%	41.6%	61.5%	69.6%	71.6%	67.6%	60.4%
Dept of Care Coordination - Lower level of Care Patient Days	Kanaria, Hamilton	Patient Days	1,152	↓	888	629	640	785	840	720	860	785	940	1040	1030
Perioperative Dept - OR Block Utilization	Lung, Caggar	% surgical services above 80% utilization	60%	↑	Due to surge, adjustments were made to OR blocks	60%	60%	60%	60%	60%	70%	70%	50%	70%	60%
ED - Bed Turnaround Time	Williams	Minutes	86.5	↓	75	80	82	85	79	80	74	75	68	72	69
Specialty Clinic - Third Year Available Appointment	Tuot, Ferrer	% of Clinics with less than 21 day TNAA	84.8%	↑	75.7%	80.3%	80.7%	78.9%	75.4%	70.2%	71.6%	70.3%	73.3%	82.7%	78.6%

VI. Further Analysis: How have you stratified, identified top barriers/causes? What have you learned?

- Quality strategy perfectly fits with ZSFG's True north quality pillar and principles and aligns with DPH and SFHN strategic priorities
- Composite quality measure clearly captures the work of all operational areas on the ZSFG campus
- All the quality measures were either on target (or approaching target) over the course of last year; yet the impact of the COVID-19 pandemic (such as healthcare staffing shortages, clinic closures) negatively impacted all the quality measures
- ZSFG quality measures continue to remain relevant and appropriate and help to drive patient access and flow across the ZSFG, SFHN and DPH continuum of care

VII. Plan: What, where and how will you implement, and by whom and when?

Barrier/Cause Addressed	Countermeasure(s)	Owner	Date/Status
ED and Med-Surg staffing shortages	Fill all ED and med-surg nurse vacancies and request travel nurses and P103s to backfill large number of staff leaves and vacancies	Gillian Otway	5/1/22 Ongoing
Closure of Laguna Honda Hospital	Implement strategies and protocols at LHH for it to successfully obtain CMS program participation re-certification	Terry Dentoni	12/1/22 Ongoing
Develop outpatient specialty care project plan to improve clinic access	Develop targeted clinic strategies to expand access for new patient referrals to specialty care clinics (i.e., telemedicine, additional clinics, collaborating with other healthcare systems)	Lukejohn Day, Delphine Tuot	7/1/22 Ongoing
Create SFHN systems approach to prioritize and manage utilization of post-acute scarce shared resources A3	Develop a unified, network strategy to identify, evaluate, and manage medical-surgical lower of care patients.	Hemal Kanaria, Amy Ou	7/1/22 Ongoing

VII. Unresolved Issues:

None

PROBLEM STATEMENT

While ZSFG is engaged in battling the COVID-19 pandemic it must continue its True North goal of improving access and quality care for our patients.

Yet, ZSFG lacks a clear and unified strategy for how to drive, improve, and sustain improvements with respect to quality across all operational areas.

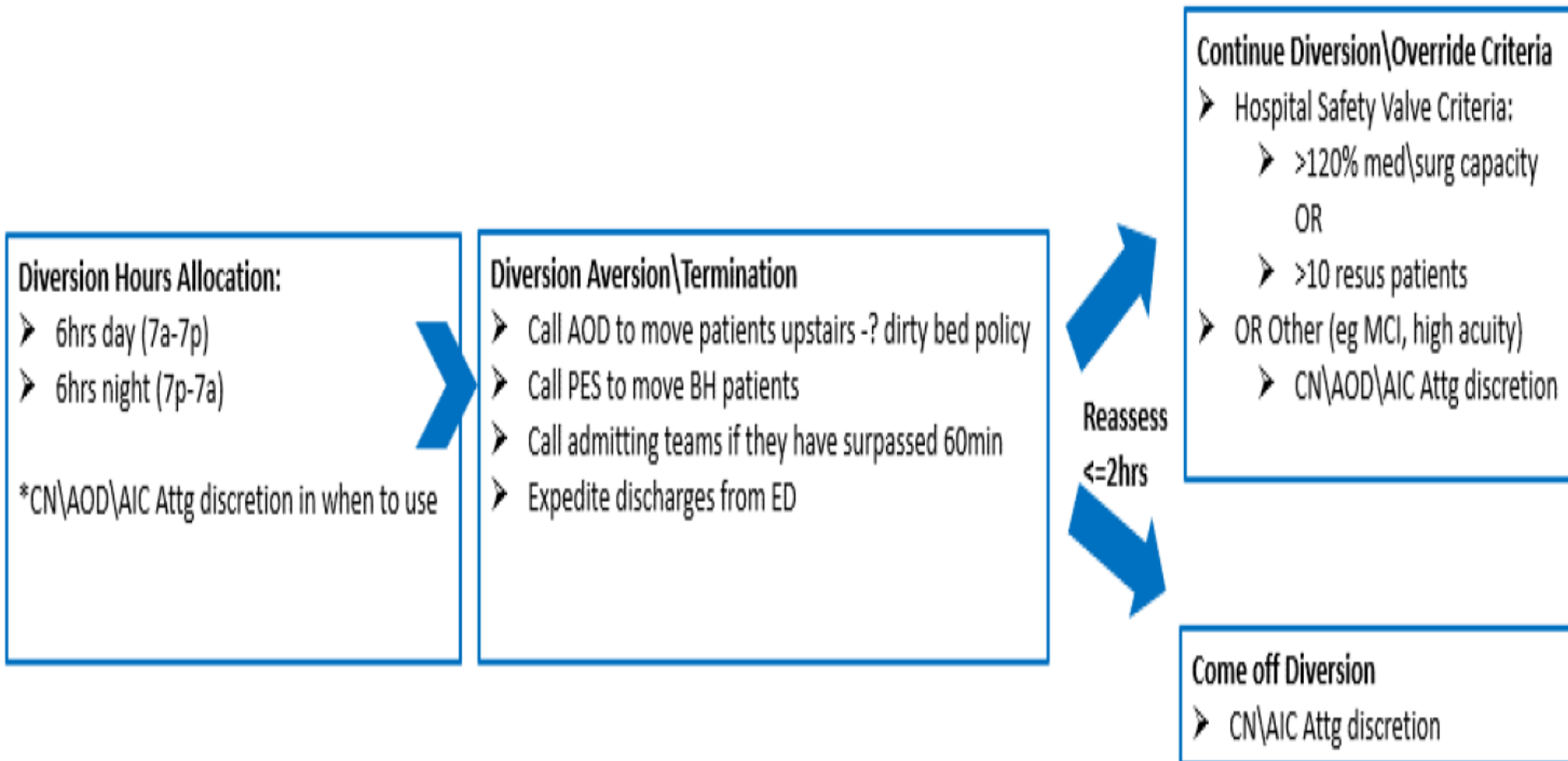
TARGETS AND GOALS

Operational Area Metric	Baseline	Current	Target
Emergency Department (ambulance diversion rate)	64.9%	44.0%	$\leq 50\%$
Department of Care Coordination (LLOC med-surg patient days)	1,192 days	1,898 days	≤ 950 days
Adult outpatient specialty care clinics (proportion of clinics with TNAA ≤ 21 days)	84.8%	84.8%	$\geq 90\%$

Access and Flow Achievements

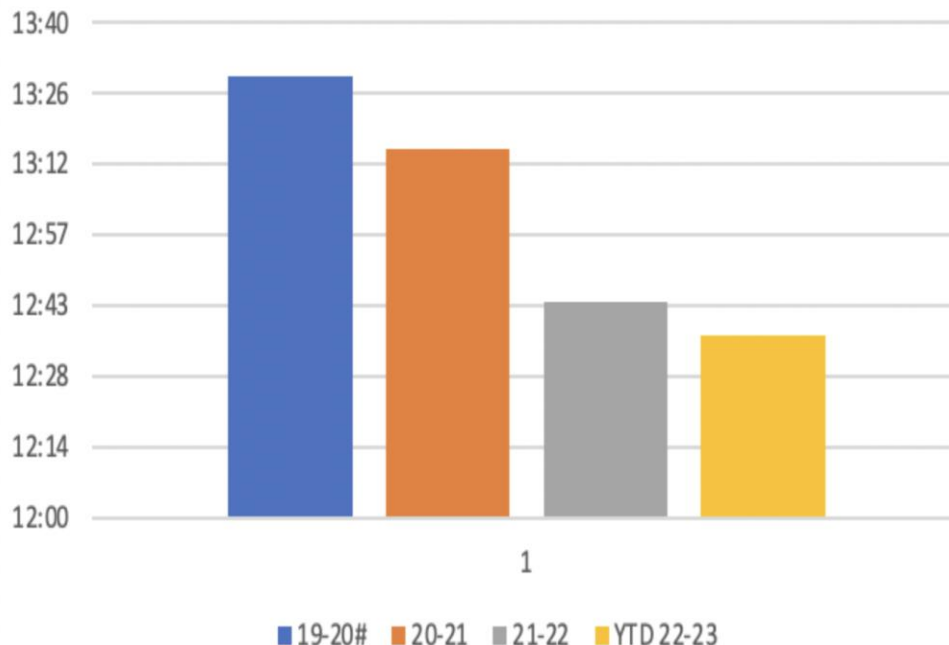
- ✓ **Governance structure** developed and enacted
 - Bi-monthly ZSFG Access and Flow committee meets to examine data, review countermeasures and discuss challenges and opportunities
- ✓ Focused work on **increased hiring of staff** in the emergency department, med-surg units, and perioperative areas
 - Expanded number of physicians on medicine and critical care services
 - Med-Surg registry nurses hired to help with boarding patients in the ED

AMBULANCE DIVERSION PDSA



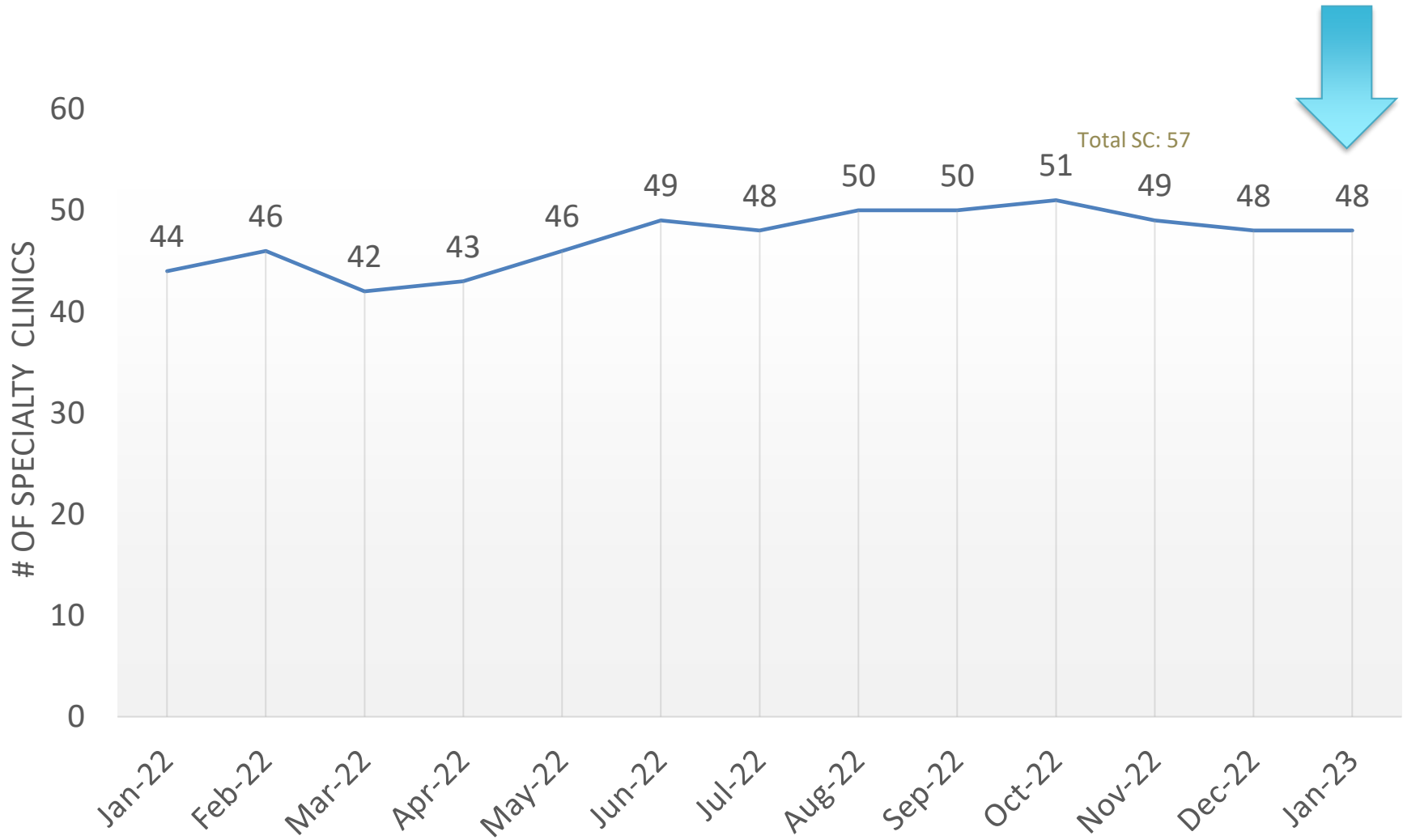
4A Skilled Nursing Facility Access Work

FY Comparison Average Discharge Time



- **Mean admission time**
 - Decreased from 17:27 to 15:36
- **Mean discharge time**
 - Decreased from 14:44 to 11:58

Specialty Care TNAA Run Chart



ACHIEVEMENTS IN SPECIALTY CARE CLINICS

- ✓ Increased number of available clinics
 - Opened evening clinics
 - Increased daily clinic sessions
 - Expanded to weekend clinics
- ✓ Expanded patient educational classes
- ✓ Leveraged telemedicine
- ✓ Utilized LEAN principles to enhance clinic efficiency and operations



LLOC Run Chart

MedSurg LLOC (Bldg 25 except 2nd Floor and H52)

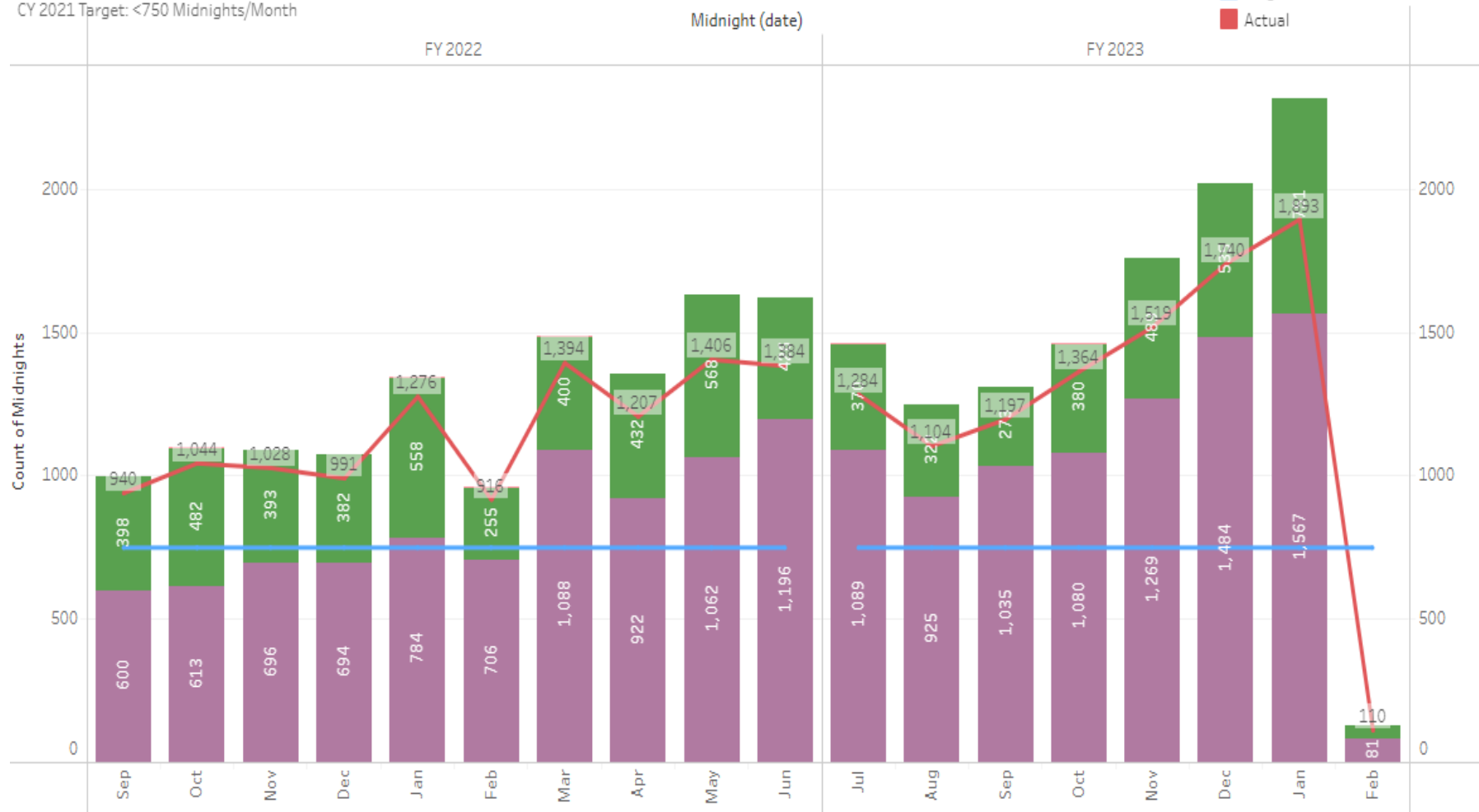
CY 2021 Target: <750 Midnight/Month

Midnight (date)

LLOC Midnight Per Month

Target






Actual












2/23/2023

Zuckerberg San Francisco General
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DoCC/DPH External Flow PDSAs

PDSA	Progress	Example Work Effort
BHS Collaboration	Active 	<ul style="list-style-type: none">• Attendance at Tues/Thurs LLOC Rounds• Monthly Leadership Workgroup Mtg
Reduce referrals to ZSFG for placement	Active 	<ul style="list-style-type: none">• Engaging partners (e.g., APS, ambulatory care etc.)• Daily/weekly case discussions
Chinese Hospital	Active 	<ul style="list-style-type: none">• Daily Referrals
Medical Respite	Active 	<ul style="list-style-type: none">• Daily Referral and Flow• Expanded Access/Criteria
BHC Collaboration	Planning 	<ul style="list-style-type: none">• Monthly Workgroup Meeting• Revisit Process

Internal ZSFG DoCC Flow PDSAs

PDSA	Progress	Example New Work Efforts
ED Boarders + Discharge ready patients	Active 	<ul style="list-style-type: none"> Daily case escalation Prioritizing IP beds
Social Medicine	Active 	<ul style="list-style-type: none"> Rounding in Care Start SUD Navigator
Expediting procedures/ diagnostics	Active 	<ul style="list-style-type: none"> Prioritizing studies pending dispo
Home/4C/SNF IV Abx	Active 	<ul style="list-style-type: none"> Process Map, Std Work Complete Education of frontline staff
Data Improvements	Active 	<ul style="list-style-type: none"> Combine Med + Psych LLOC report ↑ actionability of LLOC report
LLOC Continued Stay	Active 	
LLOC at Admission	Planning 	<ul style="list-style-type: none"> CM Summary Analysis Complete New Std Work Drafted
EPIC Multi-Disciplinary Rounds Tool	Planning 	<ul style="list-style-type: none"> Leveraging technology to foster + standardize dc planning Weekly Workgroup
EPIC Expected Discharge Date	Active/ Planning 	<ul style="list-style-type: none"> DoCC RN and MD coaching and education

NEXT STEPS

- Expand and leverage LEAN tools and KPO support for the ZSFG flow and access meeting
- Develop access and flow dashboard with key metrics that support the improvement work
- Continue with hiring and training for current staff vacancies
- Collaborate with SF health network, DPH and city partners on increasing placement options for hospitalized patients (med-surg and psychiatry)

QUESTIONS COMMENTS DISCUSSION

